

**BEST AVAILABLE COPY**

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/250056  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	/		/		/	
4	/		/		/	
5	/		/		/	
6	/		/		/	
7	/		/		/	
8	/		/		/	
9	/		/		/	
10	/		/		/	
11	/		/		/	
12	/		/		/	
13	/		/		/	
14	/		/		/	
15	/		/		/	
16	/		/		/	
17	/		/		/	
18	/		/		/	
19	/		/		/	
20	/		/		/	
21	/		/		/	
22	/		/		/	
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25	/		/		/	
26	/		/		/	
27	/		/		/	
28	/		/		/	
29	/		/		/	
30	/		/		/	
31	/		/		/	
32	/		/		/	
33	/		/		/	
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35	/		/		/	
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37	/		/		/	
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39	/		/		/	
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44	/		/		/	
45	/		/		/	
46	/		/		/	
47	/		/		/	
48	/		/		/	
49	/		/		/	
50	/		/		/	
TOTAL IND.	4		1			
TOTAL DEP.	55		24			
TOTAL CLAIMS	59		25			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
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62	/		/		/	
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67	/		/		/	
68	/		/		/	
69	/		/		/	
70	/		/		/	
71	/		/		/	
72	/		/		/	
73	/		/		/	
74	/		/		/	
75	/		/		/	
76	/		/		/	
77	/		/		/	
78	/		/		/	
79	/		/		/	
80	/		/		/	
81	/		/		/	
82	/		/		/	
83	/		/		/	
84	/		/		/	
85	/		/		/	
86	/		/		/	

$$25 + 14 = 39$$